

**PLEASE COMPLETE APPLICATION
BELOW AND ON BACK**

Name: _____

Address: _____

Birth Date: _____ Grade: _____

Father: _____

Day Phone: _____

Mother: _____

Day Phone: _____

Medical information that might be helpful:

Allergies to any drugs or foods:

Medications currently being taken:

Family Physician: _____

Phone: _____

Medical Insurance: _____

Policy Number: _____

Name of Policyholder : _____

**SCAN TO
REGISTER ONLINE**



calvarytv.org
(208)342-1072



IDENTITY

YOUTH WINTER CAMP 2021-2022

THE DETAILS

JOHN 1:12

Price:

\$145

When:

December 31 - January 2nd

Location:

Quaker Hill: 1440 Warren Wagon Rd, McCall, ID 83638

Ages:

Students 6th through 12th grade

Drop Off:

Drop off Students at the Youth Room

(9226 W. Barnes dr. 83709) at noon on Friday Dec. 31st

Bring a sack lunch/snacks for the road trip.

Pick Up:

At the youth room at 3:30 pm on Sunday, January 2nd

What to Bring:

- Bible/Notebook/Pen - Winter Clothes - Snow Clothes
- Snow Boots - Tennis Shoes - Toothbrush/Toiletries
- Towel -Sleeping Bag - Pillow - Spending Cash (snack bar)

What NOT to Bring:

- Weapons of any kind (Ex. Knives)- iPod - Mp3 player
- iPad -Tablets - Computers - Video games of all kinds
- Anything that can distract you from receiving the Lord

Contact:

P: (208) 342-1072

W: calvarytv.org

Emergency Contact:

Justin (208) 272-1844

Mario (208) 500-8151

**BUT AS MANY AS
RECEIVED
HIM, TO THEM
GAVE HE
POWER TO
BECOME
THE SONS
OF GOD, EVEN TO
THEM THAT
BELIEVE
ON HIS NAME**

I, the undersigned parent, or legal guardian do hereby give my permission for

minor, to participate in the 2021-2022 Calvary Chapel Treasure Valley Winter Camp. I also authorize any pastor or leader of Calvary Chapel Treasure Valley to obtain medical help for my child if needed. I hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff licensed under the provisions of the medicine practice act, of a dentist licensed under the provisions of the dental practice act and or the staff of any acute general hospital holding a current license to operate a hospital from the state of Idaho Health and Welfare Department. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that an effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any treatments will not be withheld if the undersigned cannot be reached. I will not hold Calvary Chapel Treasure Valley legally responsible for injuries or medical expenses should they occur.

Signature of Parent or Legal Guardian

Date

Print Name

Phone Number

